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Norplex Division
1300 Norplex Drive • P.O. Box 1448
La Crosse, Wisconsin 54601
Telephone 608-784-6070 • Telex 29-3422
FAX 608-784-7753

U.S. Operations: La Crosse, Wisconsin - Headquarters
Black River Falls, WI; Chandler, AZ; Franklin, IN; Postville, IA
European Operation: Wipperfurth, West Germany
Pacific Headquarters: Kowloon, Hong Kong

October 11, 1982

LA-ARHM/SWMG

OCT 15 1982

Region VII K.C., MO

Dennis A. Degner, Ph.D., P.E.
Senior Environmental Engineer
U.S. Environmental Protection Agency
Region VII
324 East 11 Street
Kansas City, Missouri 64106

Dear Dennis:

Please find enclosed copies of the three pieces of information which you requested.

If you have any questions or need any further information, please feel free to contact me.

Sincerely,

NORPLEX DIVISION
UOP Inc.



George J. Stunyo
Manager, Industrial Relations

GJS:mm

Enclosures (3)



R00330135
RCRA RECORDS CENTER

CLOSURE PLAN

- 1) Time of Facility Closure: The Norplex Division - UOP Inc. - Postville Plant is a rather new plant to the company. There are no plans whatsoever to close the facility now or in the future.
- 2) Closure: Should the Postville Plant close, no more than 7,500 gallons of hazardous waste should be on site at closure. (Design capacity)
- 3) Decontamination: Essentially, decontamination of the plant should be an easily accomplished task. The treaters should be washed with solvent until clean. The dirty solvent should then be considered hazardous waste and then properly shipped for destruction/recycling. One underground tank has contained hazardous waste at one time. It should be triple rinsed and the resulting solvent shipped as hazardous waste. All barrels would be shipped to authorized T/S/D facilities.
- 4) Schedule for Final Closure: No hazardous waste will be handled or processed for 15 days prior to the complete shut down of the facility.
- 5) Cost Estimate: Closure of the Postville Plant should be easily accomplished within \$10,000.

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U.S. Operations: La Crosse, Wisconsin - Headquarters
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September 10, 1982

Mr. Dennis Degner, PhD., P.E.
Senior Environmental Engineer
U.S. Environmental Protection Agency
Region VIII
324 East 11 Street
Kansas City, Missouri 64106

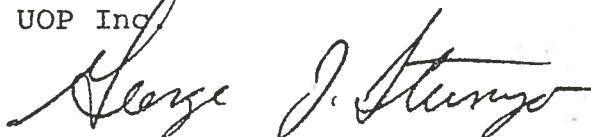
Dear Dennis:

Pursuant to your request, please find enclosed the Notice of Hazardous Waste Activity for Norplex Division's Postville facility.

Thank you for your time and help in this matter.

Sincerely,

NORPLEX DIVISION
UOP Inc.



George J. Stunyo
Manager, Industrial Relations

Enc

CC: Gene Evans, Iowa DEQ
Chuck Englebert, Postville
Bob Haldeman, Corporate

second
Copy
sent to
U.S. EPA
10/11/82


 U.S. ENVIRONMENTAL PROTECTION AGENCY
 NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

FTAD073489288

T/A C

1

I. NAME OF INSTALLATION

NORPLEX DIVISION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 PO BOX 445

CITY OR TOWN

4 POSTVILLE

ST.

ZIP CODE

IA 52162

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 NE COUNTY RD

CITY OR TOWN

6 POSTVILLE

ST.

ZIP CODE

IA 52162

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 ENGLEBERT KILYCK PLANT MGR

319-864-7321

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 UOP INC

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☐ A. FIRST NOTIFICATION☒ B. SUBSEQUENT NOTIFICATION (complete Item C)

C. INSTALLATION'S EPA I.D. NO.

IAD073489288

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY														
S												T/A	C	
W														1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F003	F005				
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
4002	4031	4069	4154	4159	4220
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

George J. Stunyo

NAME & OFFICIAL TITLE (type or print)

GEORGE J. STUNYO
IND. REL. MANAGER

DATE SIGNED

Sept. 10, 1982

Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 character)

AMENDED

Form Approved OMB No. 158-R0175

FORM 1		U.S. ENVIRONMENTAL PROTECTION AGENCY		EPA I.D. NUMBER	
GENERAL INFORMATION		Consolidated Permits Program		(Read the "General Instructions" before starting.)	
I. EPA I.D. NUMBER		PLEASE PLACE LABEL IN THIS SPACE		F. IAD 073489288	
III. FACILITY NAME					
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY	
1	SKIP NORPLEX DIVISION UDP INC POSTVILLE IA
IV. FACILITY CONTACT	
A. NAME & TITLE (last, first, & title)	
2	ENGLEBERT CHUCK PLANT MGR
B. PHONE (area code & no.)	
3	319 864 7321
V. FACILITY MAILING ADDRESS	
A. STREET OR P.O. BOX	
3	BOX 445
B. CITY OR TOWN	
4	POSTVILLE
C. STATE	
5	IA
D. ZIP CODE	
6	52162
VI. FACILITY LOCATION	
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	
5	NORTHEAST COUNTY RD
B. COUNTY NAME	
6	ALLAMAKEE
C. CITY OR TOWN	
6	POSTVILLE
D. STATE	
7	IA
E. ZIP CODE	
8	52162
F. COUNTY CODE (if known)	
9	

I. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
3079 (specify) MISC PLASTIC PRODUCTS				7 (specify)			
C. THIRD				D. FOURTH			
(specify)				(specify)			

II. OPERATOR INFORMATION

A. NAME												D. Is the name listed in Item VIII-A also the owner?	
UOP INC												<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)												D. PHONE (area code & no.)			
F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) P = PRIVATE P (specify)												312 391 2000			

E. STREET OR P.O. BOX											
EN UOP PLAZA											

F. CITY OR TOWN								G. STATE		H. ZIP CODE		IX. INDIAN LAND	
DES PLAINES								IL		60016		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)												D. PSD (Air Emissions from Proposed Sources)											
6-03-75-1-01												9 P											
B. UIC (Underground Injection of Fluids)												E. OTHER (specify)											
(specify)												(specify)											
C. RCRA (Hazardous Wastes)												E. OTHER (specify)											
IAD 073489288												73-A-100 (specify) DEQ Permit / Air Emission											

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

I. NATURE OF BUSINESS (provide a brief description)

PLANT MANUFACTURES INDUSTRIAL THERMOSETTING PLASTIC LAMINATES

II. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
A.K. SPARKS V.P. & GENERAL MANAGER		Allen K. Sparks		9-14-82	

REMARKS FOR OFFICIAL USE ONLY

Please print or type in the unshaded areas only
(fill-in areas are spaced for crite type, i.e., 12 character length).

Form Approved OMB No. 158-S9000-1

FORM RCRA	EPA	U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	EPA I.D. NUMBER []
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FOR OFFICIAL USE ONLY		COMMENTS
APPLICATION APPROVED	DATE RECEIVED (yr, mo, & day)	
[] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []	[] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []	

II. FIRST OR REVISED APPLICATION
Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)		2. NEW FACILITY (Complete item below.)			
<input type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)		<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)			
FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)		FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN			
YR.	MO.	DAY	YR.	MO.	DAY
8					

B. REVISED APPLICATION (place an "X" below and complete Item I above)	
<input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS	<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.
1. AMOUNT - Enter the amount.
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
	UNIT OF MEASURE CODE			UNIT OF MEASURE CODE	
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S		C		T/A		C		I	
1		2		3		4		5	
X-1		X-2		1		2		3	
LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT	2. UNIT OF MEASURE (enter code)	
X-1	S01	600	G		5				
X-2	T03	20	E		6				
1	S01	2000 (36 x 55)			7				
2	S02	REMOVED			8				
3					9				
4					10				

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR DESCRIBING OTHER PROCESSES (code "T0") FOR EACH PROCESS ENTERED HERE

V. DESCRIPTION OF HAZARDOUS WASTES

- EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE		CODE	METRIC UNIT OF MEASURE		CODE
POUNDS		P	KILOGRAMS		K
TONS		T	METRIC TONS		M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

PROCESSES

- 1. PROCESS CODES:
For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.
Note: Four spaces are provided for entering process codes. (If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).
- 2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- 2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D S 0	
X-2	D 0 0 2	400	P	T 0 3 D S 0	
X-3	D 0 0 1	100	P	T 0 3 D S 0	
X-4	D 0 0 2				included with above

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Approved OMB No. 158-580001

EPA I.D. NUMBER (enter from page 1)															FOR OFFICIAL USE ONLY																																																																																																																																							
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[illegible]

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)
E. USE THIS SPACE TO LIST ADDITIONAL ACCESS CODES FROM ITEM D(1) ON PAGE

EPA I.D. NO. (enter from page 1)											
I	A	D	0	7	3	4	8	9	2	8	8
										T/A	C
											6

V. FACILITY DRAWING
All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS
All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION											
LATITUDE (degrees, minutes, & seconds)						LONGITUDE (degrees, minutes, & seconds)					
43 05 00 3						09 1 33 0 13					
65 66 67 68 69 70 71						72 73 74 75 76 77 78 79					

III. FACILITY OWNER
☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.
B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER												2. PHONE NO. (area code & no.)																			
3. STREET OR P.O. BOX												4. CITY OR TOWN												5. ST.				6. ZIP CODE			

X. OWNER CERTIFICATION
certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type) A. K. SPARKS V.P. & GENERAL MANAGER												B. SIGNATURE Allen K. Sparks												C. DATE SIGNED 9/14/82											
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OPERATOR CERTIFICATION
certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)												B. SIGNATURE												C. DATE SIGNED											